

PROJECT 10073 RECORD

| | |
|--|---|
| 1. DATE-TIME GROUP 7 Feb 68 07/0700Z | 2. LOCATION Jeffersonville, Bowersville, Ohio (2 Witnesses) |
| 3. SOURCE Civilian | 10. CONCLUSION Probable Astro (STARS/PLANETS) ✓ <i>JP</i> |
| 4. NUMBER OF OBJECTS One | |
| 5. LENGTH OF OBSERVATION 20 Minutes to 1 Hour | 11. BRIEF SUMMARY AND ANALYSIS Observers sighted an object that flashed flickered and changed colors from white, green, red, and blue. One observer stated that the object resembled a balloon rising and falling with air flow. The object was seen roughly in the SW. |
| 6. TYPE OF OBSERVATION Ground-Visual | |
| 7. COURSE Stationary | COMMENTS: The reports is by two independent witnesses. One said that the object disappeared at 0235, the other stated that the object disappeared at 0300. There were several bright stars in the area. At 0200, ETHELGEUSE, azimuth of 270 deg, elevation of about 6 deg. PROCYON, azimuth of 255 deg, elevation of about 25 deg. SIRIUS, azimuth of 249 deg, elevation of about 4 deg. At about 0230 Sirius set at an azimuth of 251 deg. At about 0300 Betelgeuse set at an azimuth of 284 deg. At 0300 hour Procyon was at an azimuth of 265 deg, elevation of 15 deg. |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

MULTIPLE

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

| | |
|---|--|
| <p>1. When did you see the object?</p> <p style="text-align: center;"> <u>7</u> <u>FEB</u> <u>68</u> Day Month Year </p> | <p>2. Time of day: <u>02:30</u></p> <p style="text-align: center;">Hour Minutes</p> <p>(Circle One): <u>(A.M.)</u> or P.M.</p> |
| <p>3. Time Zone:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (Circle One): a. <u>Eastern</u> b. Central c. Mountain d. Pacific e. Other _____ </div> <div style="width: 45%;"> (Circle One): a. Daylight Saving b. <u>Standard</u> </div> </div> | |
| <p>4. Where were you when you saw the object?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p><u>[REDACTED]</u></p> <p>Nearest Postal Address</p> </div> <div style="width: 30%;"> <p><u>Beverlyville</u></p> <p>City or Town</p> </div> <div style="width: 30%;"> <p><u>Ohio</u></p> <p>State or County</p> </div> </div> | |
| <p>5. How long was object in sight? (Total Duration)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><u>15</u></p> <p>Hours</p> </div> <div style="width: 30%;"> <p><u>15</u></p> <p>Minutes</p> </div> <div style="width: 30%;"> <p>Seconds</p> </div> </div> <p>(Circle One): a. <u>Certain</u> c. Not very sure b. Fairly certain d. Just a guess</p> <p>5.1 How was time in sight determined? _____</p> <p>5.2 Was object in sight continuously? Yes <u>✓</u> No _____</p> | |
| <p>6. What was the condition of the sky?</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> DAY a. Bright b. Cloudy </div> <div style="text-align: center;"> NIGHT a. <u>Bright</u> b. Cloudy </div> </div> | |
| <p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p>(Circle One): a. In front of you d. To your left b. In back of you e. Overhead c. To your right f. Don't remember</p> <p style="text-align: center;"><u>Send a 117</u></p> | |

14. Did the object disappear while you were watching it? If so, how?

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

in front of: _____

17. Tell in a few words the following things about the object:

a. Sound

N/A

b. Color

change of color

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

☒ No

rotating motion
110

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

☒ Yes

☐ No

high & far away

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?

(Circle One):

- a. Inside a building
- ☒ b. In a car
- c. Outdoors
- d. In an airplane (type) _____
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- ☒ b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

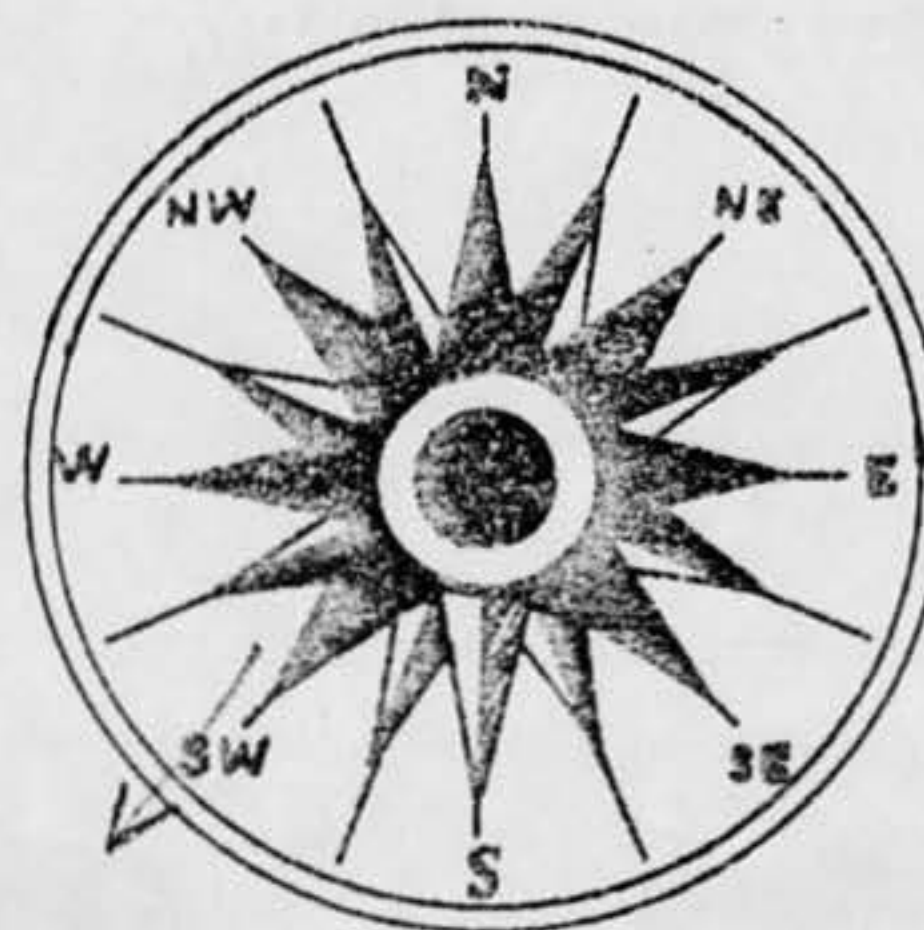
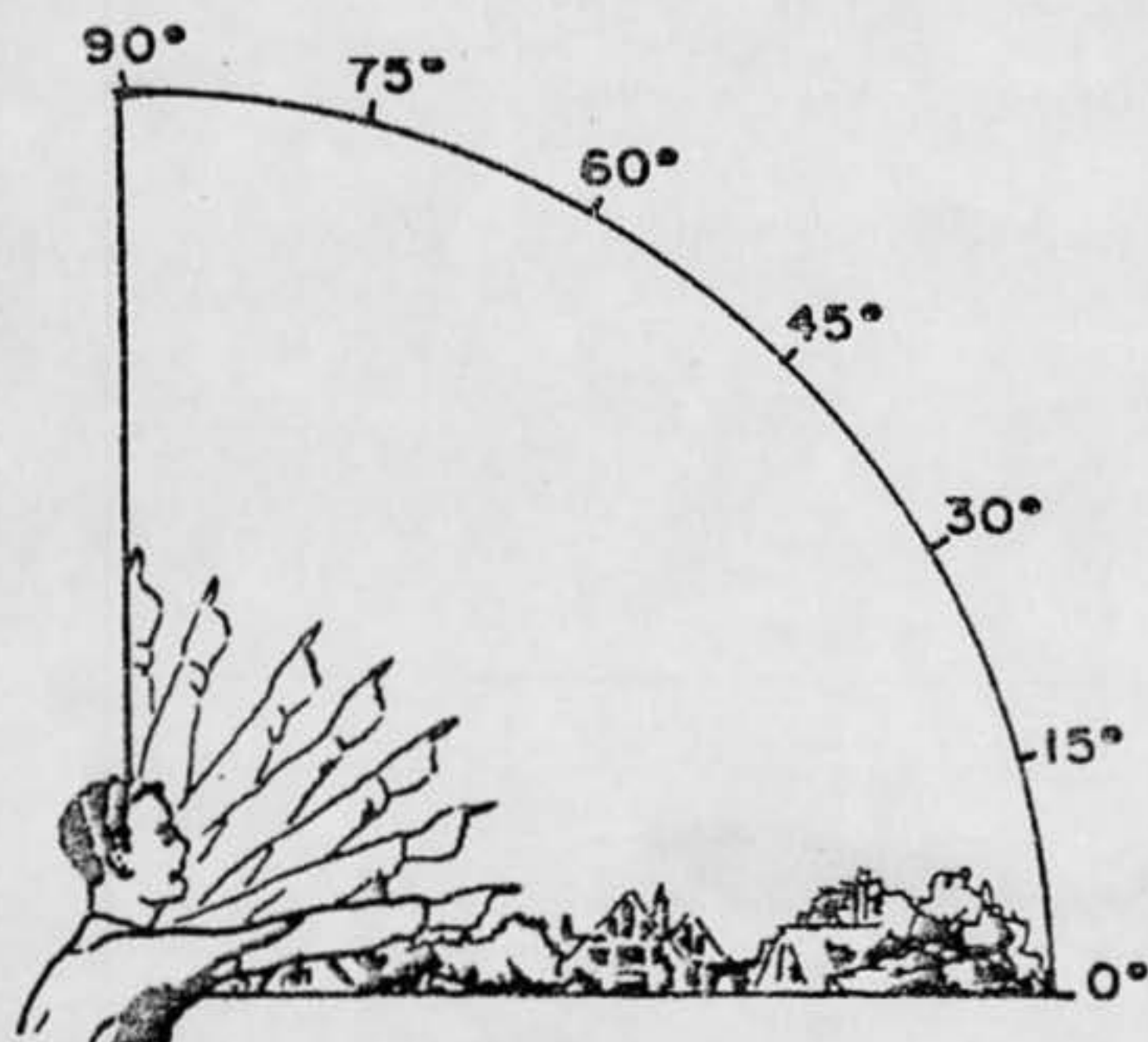
☐ No

25. Did you observe the object through any of the following?

- | | | | | | |
|--|-----|-------------------------------------|----------------|-----|-------------------------------------|
| a. Eyeglasses | Yes | <input checked="" type="radio"/> No | e. Binoculars | Yes | <input checked="" type="radio"/> No |
| b. Sun glasses | Yes | <input checked="" type="radio"/> No | f. Telescope | Yes | <input checked="" type="radio"/> No |
| <input checked="" type="radio"/> c. Windshield | Yes | <input checked="" type="radio"/> No | g. Theodolite | Yes | <input checked="" type="radio"/> No |
| d. Window glass | Yes | <input checked="" type="radio"/> No | h. Other _____ | | |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

No

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No






31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

| | | | | | |
|---|--|--|--|---|--|
|  | |  | |  | |
| Last Name | | First Name | | Middle Name | |
|  | | <i>Xenia</i> | | <i>45 385</i> | |
| ADDRESS | | City | | Zone | |
| Street | | City | | Zone | |
|  | | AGE <i>27</i> | | SEX <i>M</i> | |
| TELEPHONE NUMBER | | AGE | | SEX | |

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

7

Day

FEB

Month

68

Year

*DISPATCHER OF
WASHINGTON COURT HOUSE
COUNTY*

34. Date you completed this questionnaire:

7
Day

Feb
Month

68
Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

Duty Officer report

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

7

Day

Feb

Month

1968

Year

2. Time of day: 2203

Hour

Minutes

(Circle One):

A.M.

or

P.M.

3. Time Zone:

(Circle One):

- a. Eastern
- b. Central
- c. Mountain
- d. Pacific
- e. Other _____

(Circle One):

- a. Daylight Saving
- b. Standard

4. Where were you when you saw the object?

[Redacted]

Nearest Postal Address

Jeffersonville

City or Town

Ind

State or County

5. How long was object in sight? (Total Duration)

1

Hours

Minutes

Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? _____

5.2 Was object in sight continuously?

Yes X

No _____

6. What was the condition of the sky?

DAY

- a. Bright
- b. Cloudy

NIGHT

- a. Bright
- b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One):

- a. In front of you
- b. In back of you
- c. To your right

- d. To your left
- e. Overhead
- f. Don't remember

Send observed on 11/7 and one witness.

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

white
red
blue
green } *light*

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

brighter *Bacon off a fire*

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other

light

13. Did the object:

(Circle One for each question)

- | | | | |
|---|------------|----|------------|
| a. Appear to stand still at any time? | <u>Yes</u> | No | Don't know |
| b. Suddenly speed up and rush away at any time? | <u>Yes</u> | No | Don't know |
| c. Break up into parts or explode? | <u>Yes</u> | No | Don't know |
| d. Give off smoke? | <u>Yes</u> | No | Don't know |
| e. Change brightness? | <u>Yes</u> | No | Don't know |
| f. Change shape? | <u>Yes</u> | No | Don't know |
| g. Flash or flicker? | <u>Yes</u> | No | Don't know |
| h. Disappear and reappear? | <u>Yes</u> | No | Don't know |

14. Did the object disappear while you were watching it? If so, how? *yes*

Southwest direct

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes ☒ No Don't Know. IF you answered YES, then tell what it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes ☒ No Don't Know. IF you answered YES, then tell what in front of: _____

17. Tell in a few words the following things about the object:

a. Sound *u/s*

b. Color *light*

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-X258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 8 MONTH FEB YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 2 MINUTES 20 ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

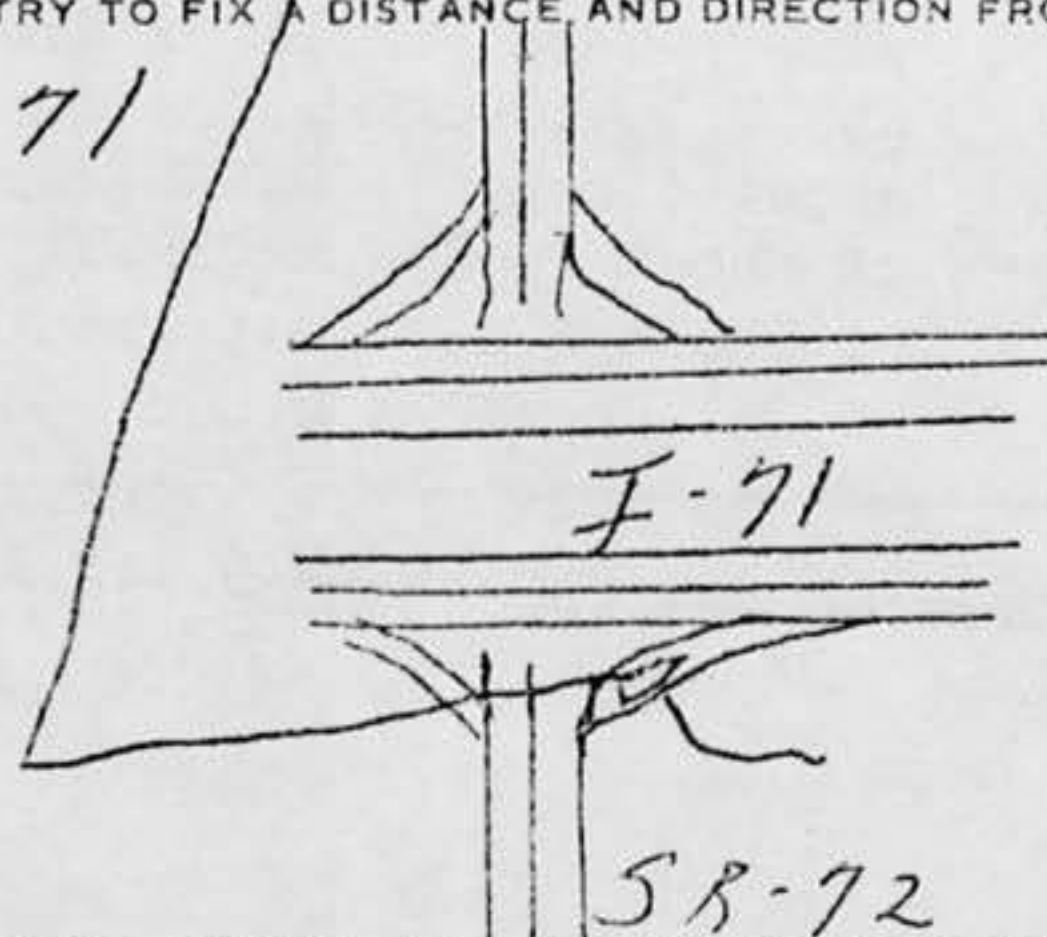
HOUR 2 MINUTES 35 ☒ A.M. ☐ P.M.

4. TIME ZONE

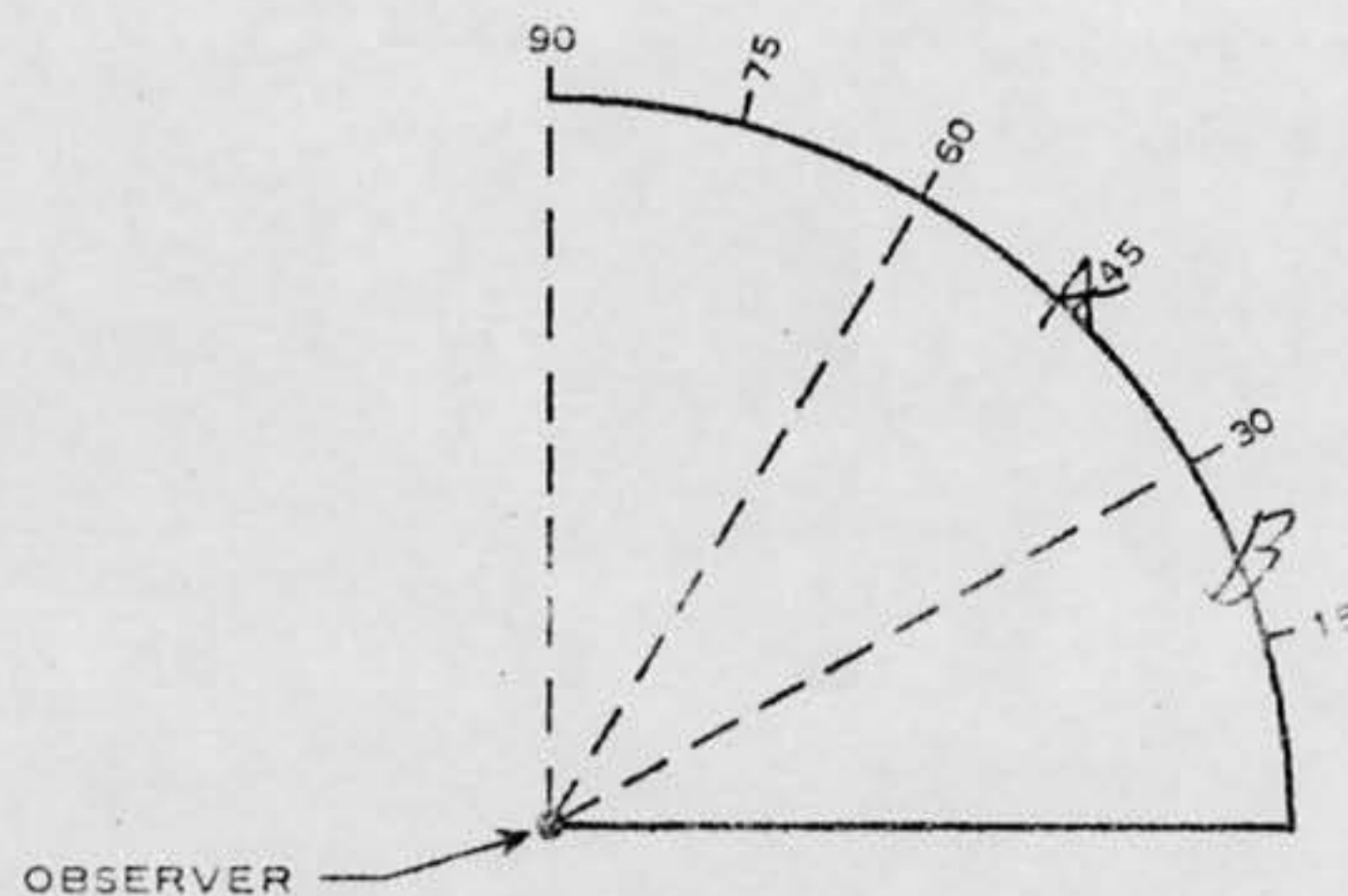
☐ DAYLIGHT SAVINGS☒ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

S.R. #72 to I-71



6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

☒ No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

☒ No

IF you answered YES, then how far away would you say it was? high far away

22. Where were you located when you saw the object?

(Circle One):

a. Inside a building

☒ b. In a car

☒ c. Outdoors

d. In an airplane (type)

e. At sea

f. Other _____

23. Were you (Circle One)

a. In the business section of a city?

b. In the residential section of a city?

☒ c. In open countryside?

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

☒ No

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

☒ No

e. Binoculars

☒ Yes

No

b. Sun glasses

Yes

☒ No

f. Telescope

Yes

☒ No

c. Windshield

☒ Yes

No

g. Theodolite

Yes

☒ No

d. Window glass

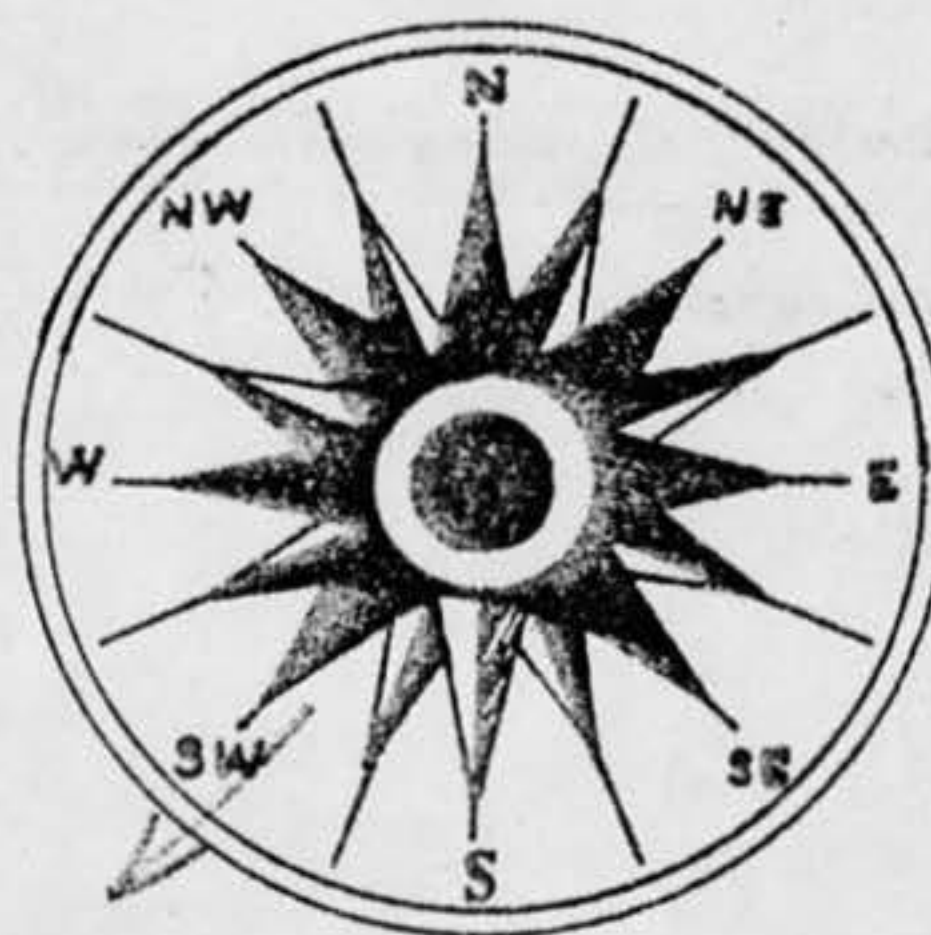
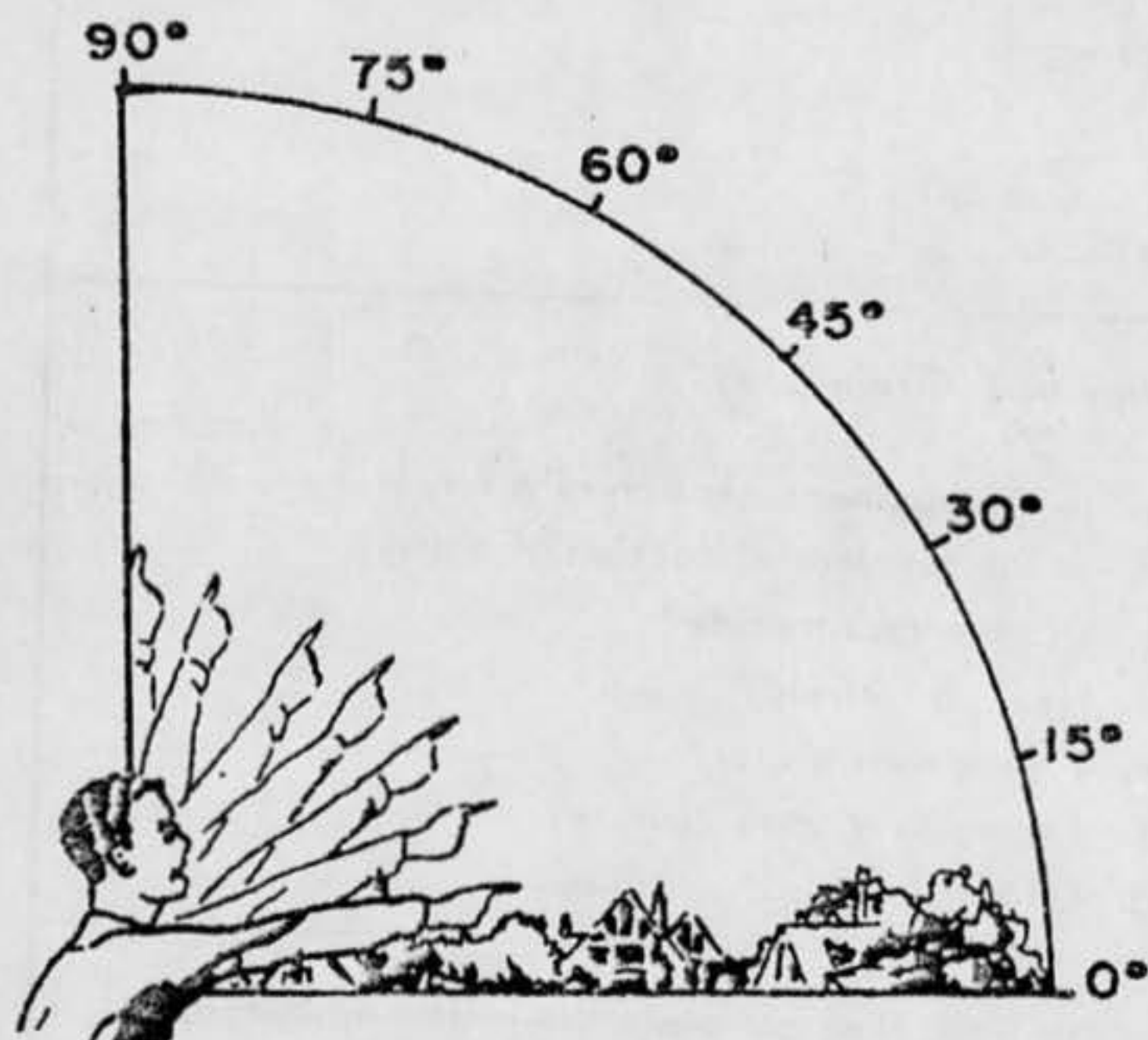
Yes

☒ No

h. Other _____

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there? 4 to 5 lights
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

*more in a cluster
no definite shape to it*

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

yes (quite often) first time thru binoculars

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

[REDACTED] W.C.H.
43160

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

CALLED FROM DISPATCHER

Day

Month

Year

34. Date you completed this questionnaire:

7
Day

FEB
Month

88
Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-2259

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY Seventh MONTH February YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR two MINUTES Three ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR Three MINUTES XX ☒ A.M. ☐ P.M.

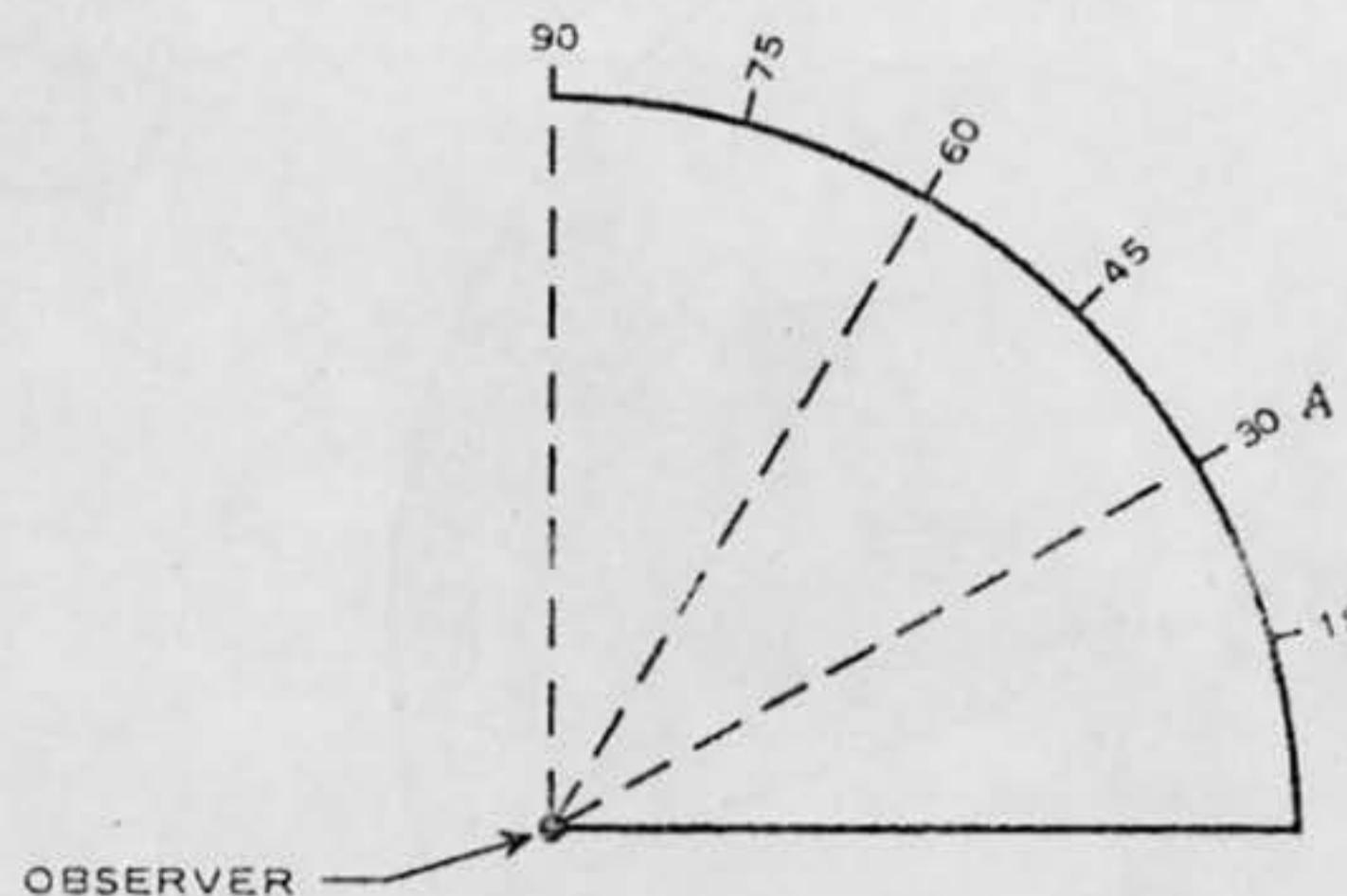
4. TIME ZONE

☐ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

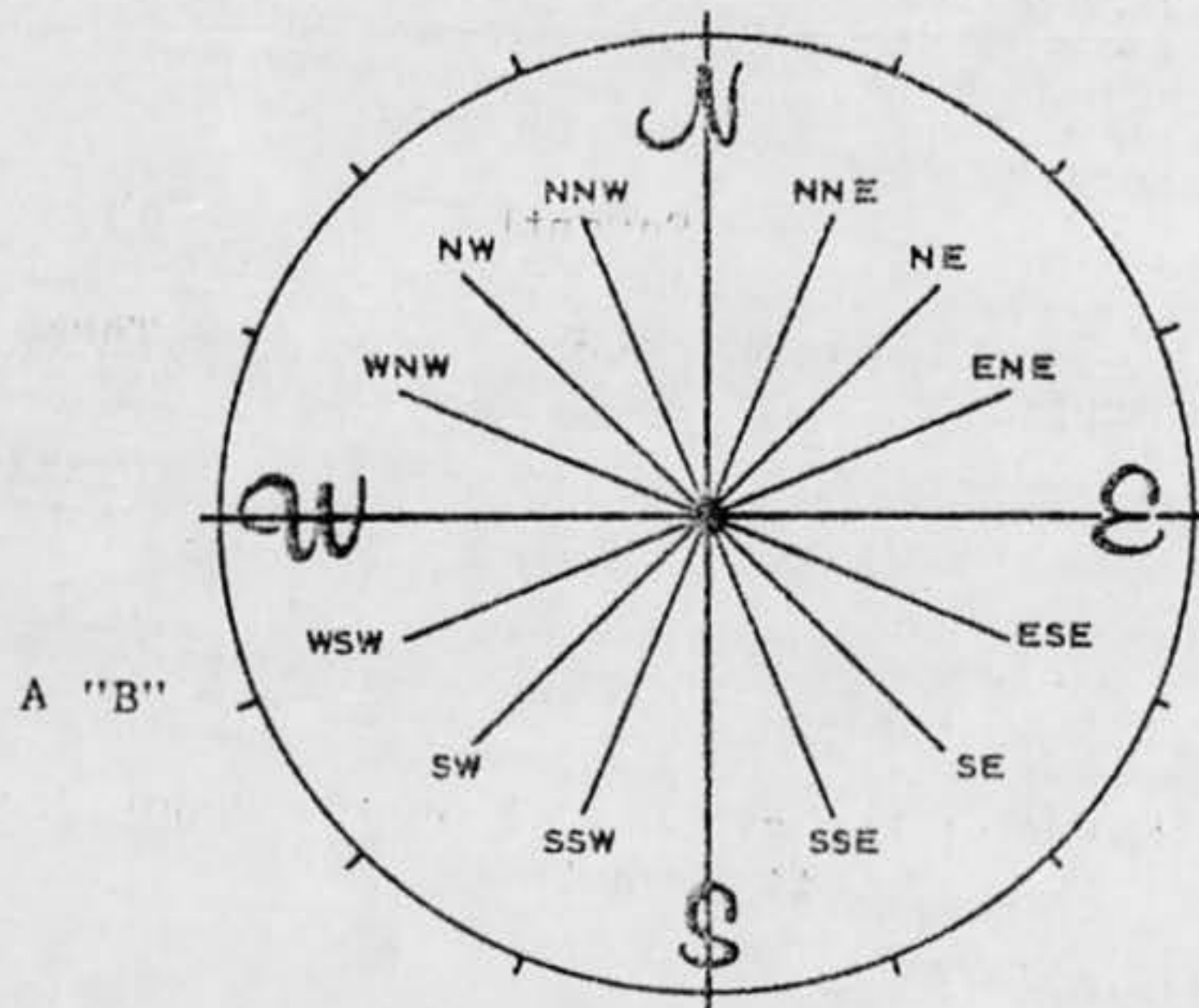
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

Approx 500 Feet from the West Lancaster Rd & on the Upper Jamestown Rd. (East of the West Lancaster Rd) In Fayette County

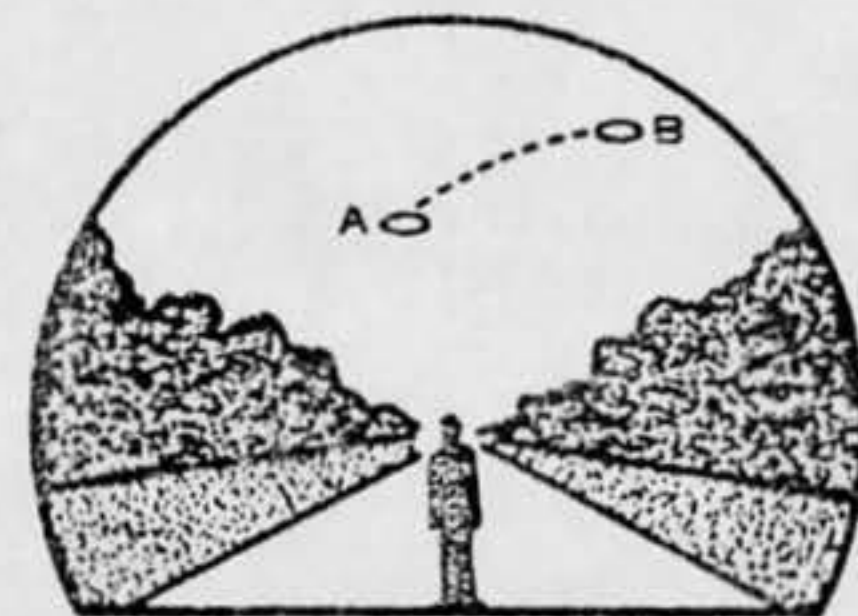
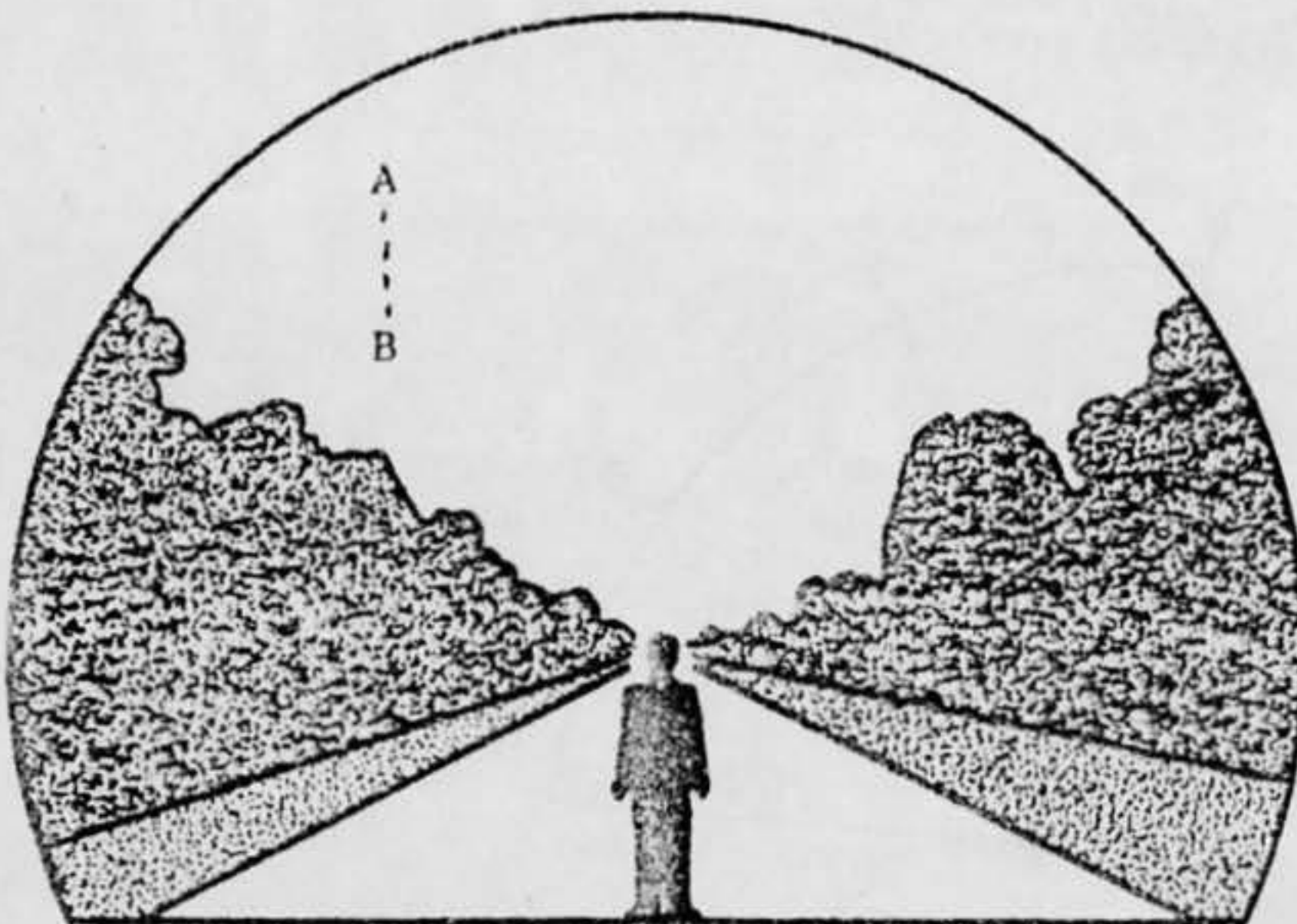
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



| | | | |
|--|------------------------------------|---|---|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
| OUTDOORS | | IN BUSINESS SECTION OF CITY | |
| IN BUILDING | | IN RESIDENTIAL SECTION OF CITY | |
| <input checked="" type="checkbox"/> IN CAR | <input type="checkbox"/> AS DRIVER | <input checked="" type="checkbox"/> AS PASSENGER | <input checked="" type="checkbox"/> IN OPEN COUNTRYSIDE |
| IN BOAT | | NEAR AIRFIELD | |
| IN AIRPLANE | | <input type="checkbox"/> AS PILOT | <input type="checkbox"/> AS PASSENGER |
| OTHER | | FLYING OVER CITY | |
| | | FLYING OVER OPEN COUNTRY | |
| | | OTHER | |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| NORTH | EAST | Stopped | |
| SOUTH | WEST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? | |
| NORTHEAST | SOUTHEAST | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| NORTHWEST | SOUTHWEST | | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. | | | |
| Stopped checking a Car out & Holding for a Madison Co Sheriff Car for Alpprx 45 Min. | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| 1968 Chev. Asphalt, Flat, no large body of water other than small Creeks | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? | | | |
| Very Light | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME 2:03 AM February 7, 1968 | | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE |
| Approx 3:00 AM February 7, 1968 | | <input type="checkbox"/> FAIRLY CERTAIN | <input type="checkbox"/> JUST A GUESS |
| HOW WAS TIME DETERMINED? | | | |
| From Radio Calls placed on Log at the Fayette County Sheriffs Dept Fayette Co | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. | | | |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

| A. SKY | | B. WEATHER | | | |
|--------|---------------------|------------|--|--|-----------------------|
| | DAY | | CUMULUS CLOUDS (<i>Low fluffy</i>) | | FOG OR MIST |
| | TWILIGHT | | CIRRUS CLOUDS (<i>High fleecy or Herring-bone</i>) | | HEAVY RAIN |
| XXX | NIGHT | | | | LIGHT RAIN OR DRIZZLE |
| XXX | CLEAR | | NIMBUS CLOUDS (<i>Rain</i>) | | HAIL |
| | PARTLY CLOUDY | | CUMULONIMBUS CLOUDS (<i>Thunderstorms</i>) | | SNOW OR SLEET |
| | COMPLETELY OVERCAST | | | | UNKNOWN |
| | | | HAZE OR SMOG | | NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | | (2) MOON | | | |
|-----------|---------|----------|--------------------------|--|--------------|
| | NONE | xx | BRIGHT MOONLIGHT Low | | NO MOONLIGHT |
| | A FEW | | MOON WITH HALO | | UNKNOWN |
| xxx | MANY | | MOON HIDDEN BY CLOUDS | | |
| | UNKNOWN | | PARTIAL (New or quarter) | | |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | | | | |
|--------------------------|-----------------|--------------------------|---------------|--------------------------|----------------------|
| <input type="checkbox"/> | IN FRONT OF YOU | <input type="checkbox"/> | TO YOUR RIGHT | <input type="checkbox"/> | OVERHEAD (Near noon) |
| <input type="checkbox"/> | IN BACK OF YOU | <input type="checkbox"/> | TO YOUR LEFT | <input type="checkbox"/> | UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Dark with Headlights on Both Cars off

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Light was reflecting from object, colors White, Green, Red, Blue

Seemed to be in a Small Square. White light coming from about the middle, Green coming from the lower part, red also noticed at bottom & Top, Green at the bottom. Could be a Small circle as well. From the distance that we were from the Object hard to tell if round, or square. Did appear to be in a small compact size.

| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|------|---------|
| | MOVE IN A STRAIGHT LINE? | XXX | | |
| | STAND STILL AT ANYTIME? | | XXXX | |
| | SUDDENLY SPEED UP AND RUN AWAY? | | XXXX | |
| | BREAK UP IN PARTS AND EXPLODE? | | XXX | |
| | CHANGE COLOR? | XXX | | |
| | GIVE OFF SMOKE? | | XXXX | |
| | CHANGE BRIGHTNESS? | | XXX | |
| | CHANGE SHAPE? | | XXX | |
| | FLASH OR FLICKER? | XXX | | |
| | DISAPPEAR AND REAPPEAR? | | XXX | |
| | SPIN LIKE A TOP? | | XXX | |
| | MAKE A NOISE? | | XXX | |
| | FLUTTER OR WOBBLE? | | XXX | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

By giving off a brighter light than the other stars

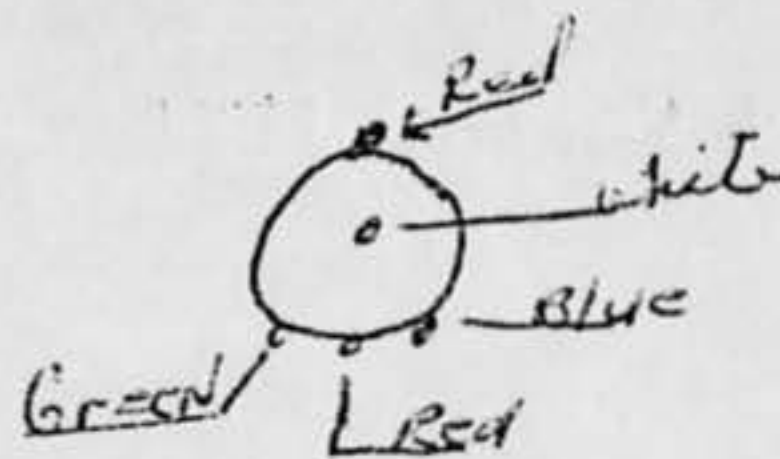
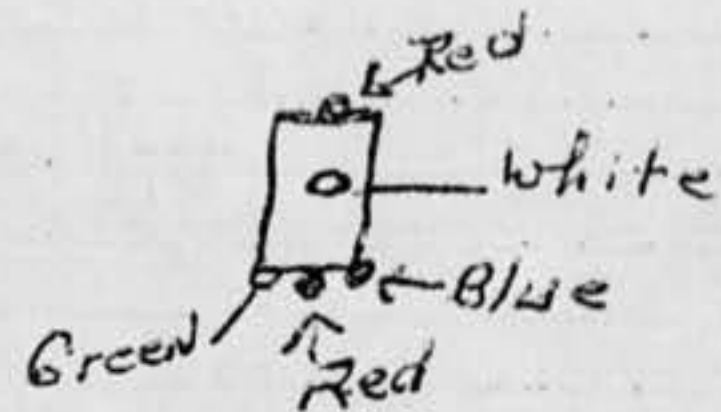
A. HOW DID IT FINALLY DISAPPEAR?

Moved out of our distance

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☐ YES ☒ NO. IF "YES," DESCRIBE.

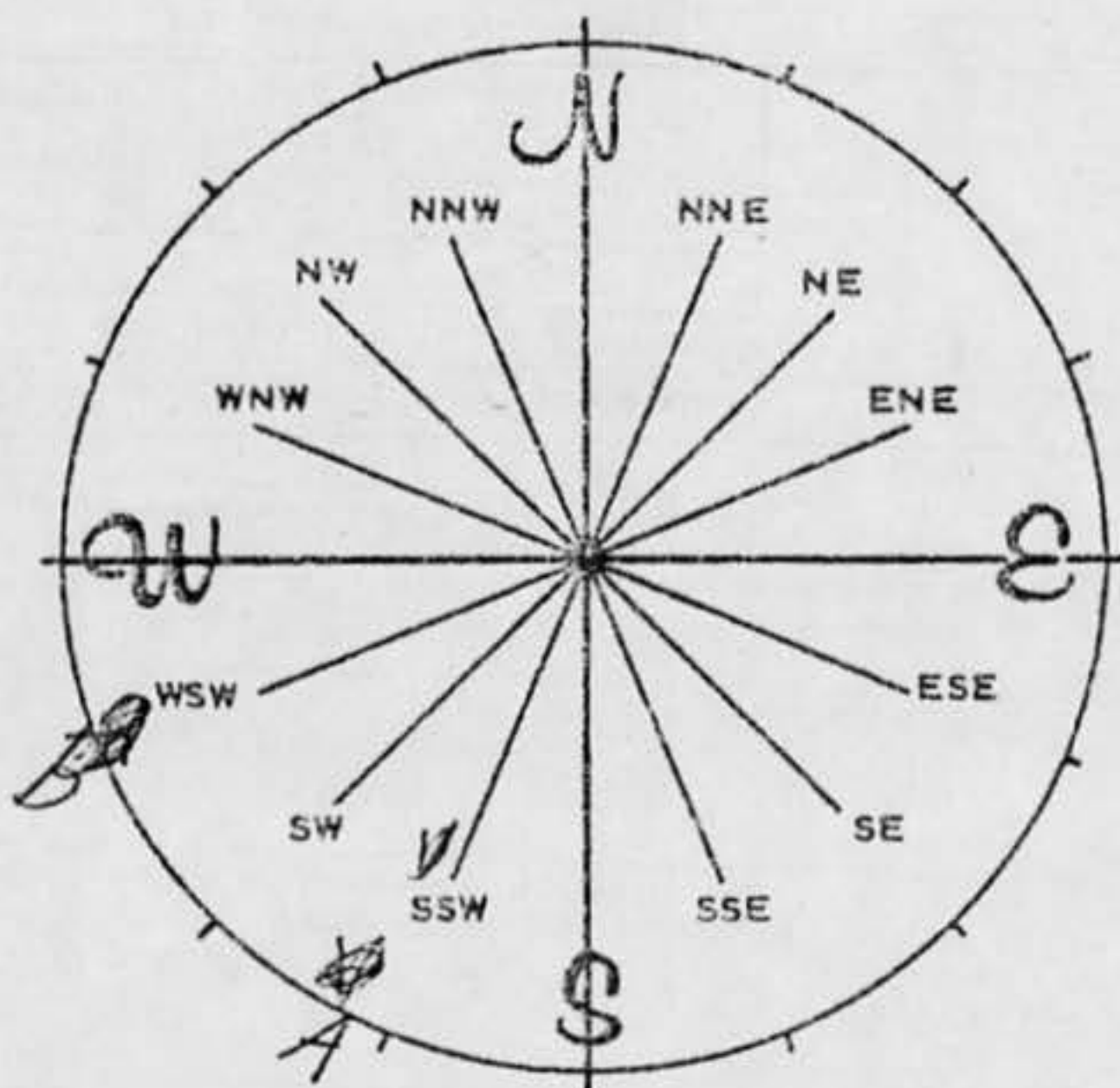
15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



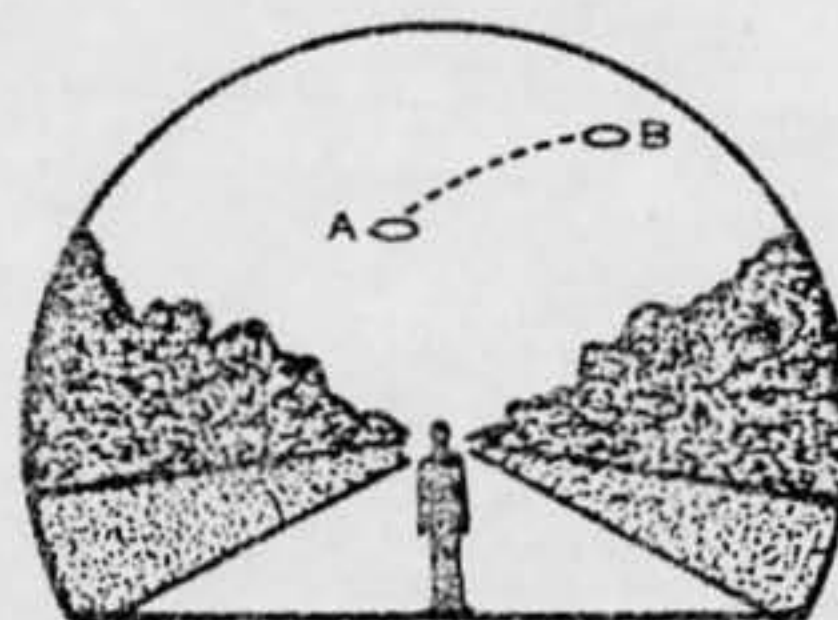
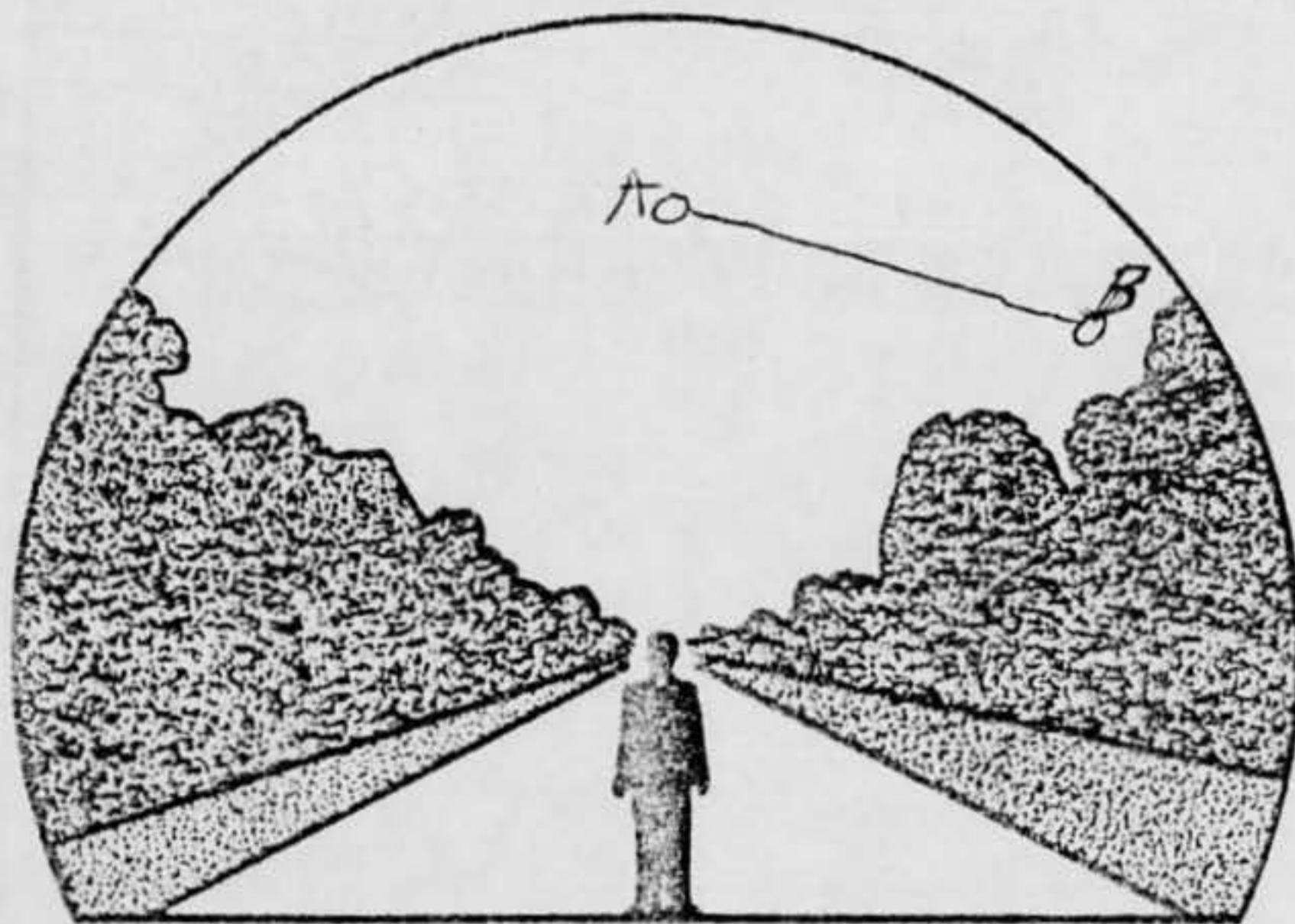
16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

approx $\frac{1}{2}$ of it

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



| | | | |
|--|-----|--|------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA. | | | |
| EYEGASSES | | CAMERA VIEWER | |
| SUNGLASSES | xxx | BINOCULARS | 7X50 |
| WINDSHIELD | | TELESCOPE | |
| SIDE WINDOW OF VEHICLE | | THEODOLITE | |
| WINDOWPANE | | OTHER | |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>unknown</u> | | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>20-30,000</u> | |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. | | | |
| <p>Object seem to be that of the airplane, other than this appear to float in as much as it would drop with possible a Turbulence in the wind at the altitude that the object was at would resemble a Balloon rising and falling with the air flow.</p> | | | |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | | | |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | | | |

| | | | |
|--|----------|----------|--------|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION. | | | |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? | | | |
| A. LIST THEIR NAMES AND ADDRESSES | | | |
| Deputy Sheriff Dean Barton Rt #1 Bloomingburg Ohio | | | |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF | | | |
| LAST NAME, FIRST NAME, MIDDLE NAME | | | |
| [REDACTED] | | | |
| ADDRESS (Street, City, State and Zip Code) | | | |
| [REDACTED] shington C.H., Ohio 43160 | | | |
| TELEPHONE (Area code and number) | AGE | SEX | |
| [REDACTED] | 31 | XXX MALE | FEMALE |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT. | | | |
| 2 Year with the Fayette County Sheriffs Department, 4 Years in Air Force. | | | |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON? | | | |
| NAME | DAY | MONTH | YEAR |
| Phil Brown | Seventh | February | 1968 |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE. | | | |
| DAY | MONTH | YEAR | |
| Ninth | February | 1968 | |

8 Feb 68

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF:

TDPT/UFO

3 FEB 1968

SUBJECT:

UFO Observation, 7 Feb 68

TO:

Xenia, Ohio 45385

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

JAMES C. MANATT, Colonel, USAF
Director of Production

1 Atch
AF Form 117

Left at 10.2 a.m. west night. of association

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



7 Feb 68

REPLY TO
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation , 7 February 1968

8 FEB 1968

TO: [REDACTED]

Washington Courthouse, Ohio 43160

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 7 February 1968 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

G DIRECTOR QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

all kinds of bright stars in area.

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



8 FEB 1968


REPLY TO
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation , 7 February 1968

TO: [REDACTED]

Bloomingsburg, Ohio 43106

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 7 February 1968 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

 HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

7 February 68

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



8 FEB 1968


REPLY TO: TDPT (UFO)
ATTN OF:

SUBJECT: UFO Observation, 7 February 1968

TO: [REDACTED]

Washington Courthouse, Ohio 43160

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 7 February 1968 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

 HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

| | | | |
|--|---|---|---|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
| <input checked="" type="checkbox"/> OUTDOORS | | | |
| <input type="checkbox"/> IN BUILDING | | | |
| <input checked="" type="checkbox"/> IN CAR | <input checked="" type="checkbox"/> AS DRIVER | <input type="checkbox"/> AS PASSENGER | <input checked="" type="checkbox"/> IN OPEN COUNTRYSIDE |
| <input type="checkbox"/> IN BOAT | | | |
| <input type="checkbox"/> IN AIRPLANE | <input type="checkbox"/> AS PILOT | <input type="checkbox"/> AS PASSENGER | <input type="checkbox"/> NEAR AIRFIELD |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> FLYING OVER CITY | | |
| | <input type="checkbox"/> FLYING OVER OPEN COUNTRY | | |
| | <input type="checkbox"/> OTHER | | |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| <input type="checkbox"/> NORTH | <input type="checkbox"/> EAST | | |
| <input type="checkbox"/> SOUTH | <input type="checkbox"/> WEST | | |
| <input type="checkbox"/> NORTHEAST | <input type="checkbox"/> SOUTHEAST | | |
| <input type="checkbox"/> NORTHWEST | <input type="checkbox"/> SOUTHWEST | | |
| SOUTH <i>Stopped</i> NORTHEAST NORTHWEST | | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. | | | |
| <i>No</i> | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| <i>1968 FORD SHERIFF PATROL CAR - ON BLACK TOP ROAD WITH WINDOW DOWN.</i> | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? | | | |
| <i>NONE</i> | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| | | | |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE | |
| <i>20 min</i> | <input type="checkbox"/> FAIRLY CERTAIN | <input type="checkbox"/> JUST A GUESS | |
| HOW WAS TIME DETERMINED? | | | |
| <i>LOOKED AT WATCH WHEN FIRST OBSERVED + LAST OBSERVED</i> | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. | | | |
| | | | |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

| A. SKY | | B. WEATHER | |
|--|--|---|---|
| <input type="checkbox"/> DAY | | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy) | <input type="checkbox"/> FOG OR MIST |
| <input type="checkbox"/> TWILIGHT | | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herringbone) | <input type="checkbox"/> HEAVY RAIN |
| <input checked="" type="checkbox"/> NIGHT | | | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR | | <input type="checkbox"/> NIMBUS CLOUDS (Rain) | <input type="checkbox"/> HAIL |
| <input type="checkbox"/> PARTLY CLOUDY | | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms) | <input type="checkbox"/> SNOW OR SLEET |
| <input type="checkbox"/> COMPLETELY OVERCAST | | | <input type="checkbox"/> UNKNOWN |
| | | <input type="checkbox"/> HAZE OR SMOG | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | (2) MOON |
|--|--|
| <input type="checkbox"/> NONE | <input type="checkbox"/> BRIGHT MOONLIGHT |
| <input type="checkbox"/> A FEW | <input type="checkbox"/> MOON WITH HALO |
| <input checked="" type="checkbox"/> MANY | <input type="checkbox"/> MOON HIDDEN BY CLOUDS |
| <input type="checkbox"/> UNKNOWN | <input checked="" type="checkbox"/> PARTIAL (New or quarter) |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU | <input type="checkbox"/> TO YOUR LEFT | <input type="checkbox"/> UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

NONE

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

ALL THAT WAS SEEN WAS A REVOLVING
LIGHT. THE LIGHT WAS TURNING IN A
CLOCK WISE ROTATION WITH RED, WHITE
AND BLUE OR GREEN LIGHTS.

| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
| | MOVE IN A STRAIGHT LINE? | ✓ | | |
| | STAND STILL AT ANYTIME? | | ✓ | |
| | SUDDENLY SPEED UP AND RUN AWAY? | | ✓ | |
| | BREAK UP IN PARTS AND EXPLODE? | | ✓ | |
| | CHANGE COLOR? | ✓ | | |
| | GIVE OFF SMOKE? | | ✓ | |
| | CHANGE BRIGHTNESS? | ✓ | | |
| | CHANGE SHAPE? | | ✓ | |
| | FLASH OR FLICKER? | ✓ | | |
| | DISAPPEAR AND REAPPEAR? | | ✓ | |
| | SPIN LIKE A TOP? | ✓ | | |
| | MAKE A NOISE? | | ✓ | |
| | FLUTTER OR WOBBLE? | | ✓ | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

FAYETTE CO. SHERIFF'S OFFICE ADVISED
THAT OHIO STATE PATROLMAN HAD SEEN
STRANGE LIGHT.

↑
LATER CALLED TO SAY TRUSPER DID
NOT - ?

A. HOW DID IT FINALLY DISAPPEAR?

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☒ NO. IF "YES," DESCRIBE.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

Saw only The Light

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

UN Known

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

| | |
|------------------------|---------------|
| EYEGLASSES | CAMERA VIEWER |
| SUNGLASSES | BINOCULARS |
| WINDSHIELD | TELESCOPE |
| SIDE WINDOW OF VEHICLE | THEODOLITE |
| WINDOWPANE | OTHER |

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED P

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE P

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

A PURSUIT LIGHT ON PATROL CAR
WITH RED + WHITE + BLUE OR GREEN
LIGHTS

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☐ YES ☒ NO. IF "YES," DID THEY SEE IT TOO?
☐ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

NONE

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

City, State and Zip Code

XENIA, Ohio

45385

TELEPHONE (Area code and number)

AGE

28

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

DEPUTY SHERIFF AND CITY PATROLMAN
 3 1/2 yrs

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME WPAFB DAY 8 MONTH FEB YEAR 68

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 10 MONTH FEB YEAR 68